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ABSTRACT

A description is given of a Peer Supervision Training Program designed in San Antonio, Texas (1983-84) to provide intensive training in clinical supervision to eight elementary teachers from various grade levels (K-5), including one special education teacher. The program's objectives were to: (1) enable participants to develop knowledge and skills in clinical supervision; (2) develop a cadre of teachers able to instruct other educators in clinical supervision; and (3) improve classroom instruction through high quality supervision. The teachers worked with each other and visited each other's classrooms for the purpose of mutual planning, observation of instruction, and analysis of teaching/learning behaviors. The relationship was an ongoing one, based on the cyclical pattern of clinical supervision--supervisor and supervisee periodically changing roles. Each cycle included a pre-observation conference, classroom observation, analysis of data, a post-observation conference, and analysis of the process itself. The program was evaluated by administration of the Stages of Concern About the Innovation model. The strengths and weaknesses of the program are discussed, and the variables which seem to be essential for the success of a program of peer supervision are considered. An outline of the sequential procedures followed in the program is appended. (JD)

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TEACHERS HELPING TEACHERS:

A TRAINING PROGRAM IN

PEER SUPERVISION

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Paper presented at the 65th Annual Conference of the Association of Teacher Educators (Las Vegas, Nevada, February 18-21, 1985)

SP026399

Teachers Helping Teachers: A Training Program in Peer Supervision

I. Introduction: What is Peer Supervision?

Peer supervision is not a new idea. Programs in peer supervision, based on the clinical supervision model, have been described by Buttery and Michalak (1975), who worked primarily with preservice teachers, by McGee and Eaker (1977), Withall and Wood (1979), Ellis, Smith and Abbott (1979), and more recently by Collins (1983) and McFaul and Cooper (1984). Leaders in the field of clinical supervision such as Richard Krajewski and Lee Goldsberry provide theoretical support for the peer supervision model.

Peer supervision can take a number of forms, from the preservice "teaching clinic" (Buttery and Michalak, 1975) to inservice projects such as the Oklahoma Mentor-Clinical Supervision program, and include large-scale formal programs and small, fairly informal, programs within a single school. However, the programs have certain common characteristics, which are also found in the program which will be described here:

a) teachers work with each other and visit each other's classrooms for the purpose of mutual planning, observation of instruction, and analysis of teaching/learning behaviors;

b) the relationship is an ongoing working relationship, based on the cyclical pattern of clinical supervision;

c) each cycle includes a pre-observation conference, classroom observation, analysis of data, a post-observation conference, and analysis of the process itself;

d) the program is based not only on the patterns of the clinical supervision model but, more importantly, on the concepts, assumptions, and beliefs inherent in that model, such as:

i) a focus on the teacher's own goals;

ii) the use of classroom data as a basis for analysis and discussion;

iii) an "inquiry" or "problem solving" approach including hypotheses generation and testing;

iv) a commitment to a long-term program of growth and development, with a focus on teacher strengths;

v) an atmosphere of mutual respect and trust; and

vi) awareness of the ultimate goal of improvement of student learning.

II. The Northside I. S. D. Peer Supervision Training Program, 1983-84

The Peer Supervision Training Program for elementary teachers in the Northside Independent School District, San Antonio, Texas, was designed to provide intensive training in clinical supervision to eight elementary teachers during the 1983-84 academic year. Funding for the project came from Federal Funds (ECIA, 1981-Chapter 2, Teacher Training, Section 576) through The University of Texas at San Antonio Cooperative Teacher Center, providing a budget of just over $2,000. There were two program leaders, Dr. Gillian E. Cook, Associate Professor of Supervision and Elementary Education, The University of Texas at San Antonio, and Ms. Susan Frawley,

a kindergarten teacher at one of the Northside I.S.D. elementary schools. Ms. Frawley holds a Supervisor's Certificate, and had also participated in a Clinical Supervision Training Program for cooperating teachers, arranged by the UTSA Cooperative Teacher Center.

The participants were volunteers from two elementary schools, four from each school, and included classroom teachers from various grade levels (K-5) and one special education teacher.

The major objectives of the program were:

a) to enable participants to develop knowledge and skills in clinical supervision;

b) to develop a cadre of teachers who are able to instruct other educators in clinical supervision; and

c) to improve classroom instruction through high quality supervision.

The program included three full-day workshops and four half-day seminars, for which the participants received released time, and an optional 3 credit hour graduate course offered during the summer. In addition, each participant worked with a partner through eight cycles of clinical supervision during the year, four as supervisor and four as supervisee.

The workshops were held in October, January and May. The opening workshop in October provided an introduction to and initial training in clinical supervision. The January workshop focussed particularly on classroom observation. The participants examined the principles of classroom observation and learned how to construct and use observation instruments, and to analyze data. In addition, specific training was

given in conducting supervisory conferences. The final workshop in May included more work on questioning in supervisory conferences. It also addressed theories related to adult development and learning and the relationship of these to clinical supervision.

The seminars were held in November, December, February and March. Prior to each seminar, each pair of participants conducted two cycles of clinical supervision, giving each a chance to act as supervisor and as supervisee. The post-observation conferences were audiotaped, and these tapes provided material for the seminars. Tapes were analyzed, types of questions identified and their affect on the conference discussed, the "pattern" of the conference examined, and alternative approaches or questions proposed and investigated as to their potential effectiveness. Usually three or four tapes were analyzed in this way during each seminar. The program leaders then collected all the tapes, listened to them and provided written feedback to the participants prior to the next meeting.

Three of the participants enrolled in the summer graduate course at UTSA, an Advanced Seminar in Instructional Supervision. This course provided a solid theoretical basis to support the practical work engaged in during the year, and allowed the participants both to reflect upon their experiences and to look toward the future.

III. Evaluation and Research

The evaluation of the program was based on informal notes and observations made by the program leaders, and on two formal sources: evaluations made by participants of each of the three full-day workshops, and summary evaluation instruments completed at the close of the final workshop.

As part of the evaluation, participants were asked to identify their concerns about the program, at the close of each of the workshops, in

October, January and May. These concerns were analyzed according to Hall and Louck's Stages of Concern (Hall and Loucks, 1978).

Analysis of the evaluations made during the year and of participants' stated concerns provides evidence of the way in which the participants developed during the year.

In October, participants indicated that they understood the main steps in the clinical supervision model, and some of the underlying concepts and beliefs, e.g. "an assumption is my perception but not necessarily that of the other person." Concerns at this stage rel. ed strongly to participants' feelings of inadequacy, e.g. "That I myself will be able to apply all this wonderful knowledge affectively," a concern for self which Hall indicates as typical of the early stages of concern about innovation or new learning, Stage 2: Personal.

The seminar in December was characterized by feelings of frustration by the participants. They felt that they were not making as much progress as they would like to have done, and were very self-critical. At least one of the pairs, very good friends, reported difficulty in relating to each other in the new roles of supervisor and supervisee, and even felt for a while that their friendship was endangered. These feelings may be attributed in part to general feelings of fatigue, overwork, and anxiety which are not atypical at the end of the fall semester, particularly among teachers who are involved in a number of professional responsibilities. However, they may also have been caused, to some extent, by what I term "second tape slump," a phenomenon which is experienced by most of the groups I work with. This "slump" seems to occur at a time when learners are becoming sophisticated enough to understand the complexity of the process, but are not yet skilled enough to handle this complexity.

The January workshop focused strongly on acquisition of skills in classroom observation and conferencing, and the evaluations indicated that the participants found this valuable. Throughout the workshop there was active participation by all members of the groups, and this was appreciated, e.g. "The strong point of today's workshop was the interaction of everyone - we felt comfortable 'bearing our souls' so to speak because we really want to learn."

Concerns still tended to be personal, e.g. "I'm concerned that I'll apply these (skills) to my greatest efficiency," but also reflected the next stage in Hall's hierarchy, Stage 3: Management, e.g. "I hope I will give enough time to this project to do it justice."

The May workshop was designed to provide closure for the first year and discussion about the future of the program. Expressed concerns at this time reflected much higher stages of concern than in earlier workshops, and included comments which could be classified as Stage 5: Collaborative, (e.g. I hope we bring in more enthusiastic people to work with us) or Stage 6: Refocusing (e.g. Continuation of this program will be most important if peer supervision is to become a part of Northside District's educational system.).

The summary evaluation instrument required participants to assess their perceived level of mastery for elements of the clinical supervision model and for technical skills in clinical supervision (listening, questioning, responding, etc.). They were also invited to add comments for each item. The levles of mastery were adapted from a scale developed by Joyce and Showers (1980) and were as follows: Know about, Understand, Can Do, Will Do, and Will Grow. The majority of responses for all items on the evaluation instrument fell in the "Will Do" or "Will Grow" categories. Areas in which there were some responses in the lower "Can Do" or "Understand" categories

included "Collaborative problem solving and goal setti ," "Asking clarifying questions," "Asking probing questions," and "Responding appropriately to verbal and non-verbal cues," all of which require a fairly high level of sophistication and skill.

Both the formal and informal evaluations of the program indicate a high level of growth among the participants, which was observed by the leaders and supported by the findings from the evaluation instruments. However, such growth is slow (as all true growth is slow), and requires the support of an on-going program if it is to continue.

The 1984-85 program is providing such support. Eight additional teachers, including some from three other schools, have been added to the group. Each new participant is paired with one of the original participants for the cycles of clinical supervision. Workshops for the whole group provide some leadership training for the original participants, as they take responsibility for small group work. In the seminars, the participants are divided into two groups, one led by Dr. Cook, the other by Ms. Frawley.

Since the program did not begin until November this year, it is too early to evaluate its progress. However, informal observation by the leaders indicate continued growth in skills and in confidence by the original participants, and rapid learning of some of the observation and conferencing skills by the new members of the group.

IV. Discussion of Findings

The discussion of findings will fall into three parts. The perceived strengths of the program will be identified first, and then its apparent weaknesses. Then there will be a discussion of the variables which seem to be essential for success of a program of peer supervision. In each part of the discussion, findings from this particular program will be supported by

other theoretical and research data.

1. Strengths

Strengths of the program were identified in the formative and summative evaluations, and also in papers written during the summer graduate course by the three members of the group who were enrolled in that course. These strengths include the following:

a) The peer supervision program provides an opportunity for teachers to work and grow together in a collegial situation. The professional isolation of the teacher is a well-known phenomenon. The participants frequently mentioned "the opportunity to interact with peers" as a strength of the program. Ellis, Smith and Abbott (1979) conclude that in a peer observation program, teachers feel more at ease to ask other teachers to visit their classrooms; McGee and Eaker (1977) discuss the trust relationships that are built; Goldsberry (1984b) stresses the collegiality inherent in the clinical supervision process.

b) One of the participants wrote in her final evaluation that "this clinical supervision training program has enabled me to experience growth in an area that I previously had no confidence in . . . " This perception of growth and development is a theme that runs through the formative and summative evaluations. Withall and Wood (1979) point out that in a peer supervision situation "each individual is enabled to 'change' himself or herself with the help of others who evidence caring," a point of view supported throughout the literature. This type of growth is only possible in a long-term program (cp. Goldsberry, 1984b; O'Hanlon, 1983), and where there is an emphasis on positive growth rather than removal of deficiencies (cp. Withall and Wood, 1979; Ellis, Smith and Abbott, 1979; Krajewski, 1984).

c) The effects of the peer supervision go beyond the teacher's perception of personal and professional growth to an increased effectiveness in teaching. The teacher is provided opportunities to plan thoughtfully in a supportive atmosphere with input from colleagues (cp. Buttery and Michalak, 1975; McGee and Eaker, 1977). This not only produces new ideas and new beliefs about learning, but also, taken together with classroom observation and thoughtful analytic conferences, helps the teacher to be more effective in the classroom. It both directly and indirectly affects student learning in a variety of ways that were identified by one of the participants, such as providing variety in teaching approaches, encouraging "student helping student" in the same way that the teachers help each other, and helping the students feel important and take their learning seriously.

2. Weaknesses

While the peer supervision program has many strengths, there are also, of course, some weaknesses which need to be identified and addressed.

a) Any situation which involves another teacher entering a classroom and collecting data to be discussed has the strong potential for producing anxiety (McGee and Eaker, 1977). This was always present to some degree in the peer supervision program; its effects were most extreme, not at the beginning of the program when the participants were expecting some anxiety and were therefore braced for it, but in December, at the time which, as was indicated earlier, may be termed "the second cycle slump." Having survived the first cycle, both supervisor and supervisee feel a sense of elation and of false expertise. When during the second cycle they find that neither the teacher nor the supervisor has developed and changed as much as they

expected, there is a considerable amount of disappointment and stress, which may be increased by variables such as misperception of role, changing roles and relationships, or greater understanding, and therefore greater expectations, of the process. Krajewski (1984) points out the difference between productive and unproductive tension, and suggests that unproductive tension caused by such things as "lack of analysis skills, rapport, nurturance, observation, or time management" may be reduced by supervisor knowledge and training. This seems to be the case in the Northside program. By January, the stress levels were diminishing, and by May most participants were experiencing more healthy and productive tension based on a more sophisticated understanding of the model, and an increased mastery of supervisory skills and attitudes.

b) A second weakness in the program was the lack of overt administrative support, particularly in May, when a central office administrator who had planned to talk to the group, was prevented at the minute from doing so. As one participant wrote, "I feel my attentiveness/ seriousness is affected by the uncertainty of the direction the program is heading." The Northside central administration had been very supportive of the program throughout the year, but the assurance of this support by the program leaders was not enough; participants needed personally to feel that support for the program and for themselves, and this element was built in at the beginning of the 1984-85 program, with satisfactory results. The need for overt administrative support is indicated by McGee and Eaker, 1977, McFaul and Cooper, 1984, and Krajewski, 1984, among others.

c) One of the weaknesses of the peer supervision model, in my opinion, is that it is usually separated from teacher evaluation. This is

often perceived as a strength (cp. Ellis, Smith, and Abbott, 1979), and the participants were also happy that the program was completely separated from their formal teacher evaluation. I feel strongly that teacher evaluation should be a comprehensive program, incorporating formative and summative evaluation based on a wide range of data. Peer supervision can and should contribute to that data. Until such systems exist, however, I must reluctantly acquiesce in the separation of formative ("helping") relationships and summative ("judgmental") systems of evaluation.

3. Critical Elements

What then are the critical elements that contribute to a successful peer supervision program?

a) A prerequisite for a sound program is administrative support. Without it, any program is likely to flounder (cp. McFaul and Cooper, 1984). And the administrative support, as I have indicated above, must not only be present, but be seen to be present by the participants.

b) A second prerequisite is adequate training for participants. Clinical supervision cannot be "acquired" in a one-day workshop. It must be learned over time through sound theory-based training programs, incorporating practice and feedback on an on-going basis. As Krajewski (1984) indicates, "Trainees must have a rationale for, information about, and necessary skills inherent in these concepts. Concept and process must co-exist for clinical supervision to be successful." In my experience, even the most able students of clinical supervision need a minimum of three cycles working under supervision before they have a sufficient grasp of concepts and processes to carry out the process by themselves. And trainers must also be trained. To be able to carry out the clinical supervision process does not mean that

one can teach others to do so (cp. Goldsberry, 1984b).

c) The participants in the peer supervision program must have a perception of their own growth and a recognition of participation in and responsibility for that growth (cp. Withall and Wood, 1979). This may be easier to attain if participation in the program is voluntary, as in the Northside program (cp. Goldsberry, 1984b). However, the voluntary nature of the program may be a disadvantage, in that those teachers who may contribute most to or benefit most from a peer supervision program may not be those who volunteer. Certainly in the beginning stages of a peer supervision program, using volunteers may be helpful in getting the program established. However, with careful and appropriate administration, training, and support, there seems no reason why such a program should not be required throughout a school or school district.

V. Conclusion

To summarize, peer supervision is different from traditional supervisory relationships, even those which use the clinical supervision model. The chief difference is in the reciprocity of the relationship which allows for a genuine collegiality which can never be found where one person is always the supervisor, another always the supervisee. This is a great advantage. Other advantages inherent in the peer supervision model are that it allows teachers to visit each other's classrooms, and this brings untold advantages in terms of building trust relationships, expanding ideas about teaching, and most importantly, promoting better student learning. The major disadvantages are the possible isolation, or perceived isolation, of the program from the main supervisory programs of the school or district, and the frequent separation of the program from more formal teacher evaluation programs.

There are programs where peer supervision is an integral part of the school district's staff development and teacher evaluation program, such as the Consultant Observer Program described by Collins (1983). Some of the new state legislature in different parts of the country offers opportunities for peer observation and supervision. There is still little substantive work on peer supervision in the literature. My experience with the Northside Peer Supervision Training Program gives me renewed faith in the success of programs where teachers work together in a truly professional, knowledgeable, and skillful way to improve student learning.

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Appendix A

Northside ISD Peer Supervision Training Program
1983-84

January - June, 1983	Planning; development of grant proposal
October, 1983	Grant money received
October 25, 1983	Introductory Workshop (full day)
November 10, 1983	Seminar (half day)
December 10, 1983	Seminar (half day)
January 10, 1984	Workshop (full day)
February 29, 1984	Seminar (half day)
March 28, 1984	Seminar (half day)
May 2, 1984	Final workshop (full day)
June 4-20, 1984	Summer Course, UTSA (3 graduate semester hours)

Appendix B

Clinical Supervision
Assumptions and Implications

Assumptions

1. Supervision brings about change (as teaching children brings about change).

2. Significant change in behavior occurs over time.

3. Clinical supervision brings about developmental change.

Implications

1. The cyclical process of clinical supervision allows for development growth.

2. When beginning clinical supervision, both teacher and supervisor adopt new roles.

   Learning a new role involves a movement:

   A. from being ego-centered to being other-centered;
   B. from a simplistic perception to a more complex perception of the role.

3. Like any developmental process, it is easy to revert to an earlier developmental stage, particularly when tired or under stress (both for teachers and supervisors). This should be recognized and treated with respect.

4. Development and change in clinical supervision occurs most effectively under conditions of empathy, genuiness, and positive regard (trust).

Appendix C

Clinical Supervision

What and Why? Some Definitions and Purposes

Clinical supervision is defined as:

> "An alternative model of supervision that is interactive rather than directive, democratic rather than authoritarian, teacher-centered rather than supervisor-centered." (Acheson & Gall, 1980).*
>
> "The rationale and practice designed to improve the teacher's classroom performance. It takes its principal data from the events of the classroom. The analysis of these data and the relationship between teacher and supervisor form the basis of the program, procedures, and strategies designed to improve the students' learning by improving the teacher's classroom behavior." (Cogan, 1973).*
>
> "Clinical supervision is based on a number of assumptions different from those of traditional rating and evaluating and prescribes a pattern of action which departs substantially from present practice. In clinical supervision it is assumed, for example, that the school curriculum is, in reality, what teachers do day-by-day, that changes in curriculum and in teaching formats require changes in how teachers behave in classrooms, that supervisors are not teachers of teachers, that supervision is a process for which both supervisors and teachers are responsible, that the focus of supervision is on teacher strengths, that given the right conditions teachers are willing and able to improve, that teachers have large reservoirs of talent, often unused, and that teachers derive satisfaction from challenging work." (Sergiovanni and Starratt, 1979).*

* Acheson, Keith A. and Gall, Meredith D. Techniques in the Clinical Supervision of Teachers. New York: Longman, 1980.

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Appendix D

The Cycle of Instructional Supervision

1. Pre-Observation Conference

   Establish contract
   Identify objectives of lesson
   Determine what supervisor will look for

2. Observation

   Objective and neutral
   May be focused on items agreed upon in pre-observation conference
   Data-collection

3. Analysis

   Plan for the post observation conference
   Relate data to objectives agreed-upon items
   Identify patterns of behavior

4. Conference

   Allow teacher to do as much work as possible
   Clarify teacher's perceptions of class
   Relate to objectives agreed-upon items
   If appropriate introduce other issues
   Work to broaden teacher's perception - help him/her analyze his/her teaching
   Together, plan future goals and/or strategies

5. Post-Conference Analysis

   Review of conference by supervisor
   Evaluation of conference strengths and weaknesses
   e.g., professional integrity of teacher preserved
   clear and open discussion maintained
   discussion time balanced between teacher and supervisor
   feedback specific and supported by data
   future plans clear, and aimed at realistic goals

Appendix E

CONFERENCE OUTLINE

Teacher: _____ Observer: _____

School: _____ Grade/Subject/Period: _____ Date: _____

Objectives:

Were they met?

How did lesson go well?

How did lesson not go well?

Changes you'd make:

Goals:

Appendix F

QUESTIONS AND TECHNIQUES FOR SUPERVISORY CONFERENCES

1). Listening Techniques

Type:	Purpose:	Examples:
A. Attending	1. Conveys interest 2. Encourages further verbalizations	1. "I see" 2. "Uh, huh" 3. "Yes, go on" 4. Nodding head affirmatively
B. Clarifying	1. Brings vague material into sharper focus 2. Examines statement (s) and pinpoints issue 3. Brings out related issues	1. "I'm not clear about how you feel" 2. "Could you state the issue again?" 3. "Are there other problems?" 4. "Is there something else?"
C. Re-stating	1. Re-states important points in order to get agreement 2. Indicates that you are listening and understand the problem	1. "This is your decision and the reasons are ....?" 2. "If I understand your idea, it is ...."
D. Reflecting	1. Focuses on the person's feeling---tone rather than content 2. Reflects person's own feelings and brings them into clearer awareness	1. "You feel strongly about ...." 2. "It was a shocking thing to hear ...." 3. "I sense that you're not satisfied"
E. Summarizing	1. Pulls together essential facts and ideas 2. Serves as a check point for futher discussion	1. "These are the key ideas you have" 2. "Can we say, then, that we have accomplished the following ....?"

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2). Content-Type Questions

Type:	Purpose:	Example:
A. Open-minded but focused: general in nature	1. To broaden the person's viewpoint 2. To introduce a new phase	1. "What else might be important?" 2. "Where could we go from here?"
B. Direct: Addressed to specific area	1. To request for specific information 2. To isolate a special area	1. "Precisely what would be your suggestion?" 2. "Please be more detailed." 3. "Have you had any experience with it?"
C. Relay: Referred back to previous dialogue or situation	1. To help avoid giving one's own opinion 2. To help establish continuity of thought	1. "How does this relate to what your said earlier?" 2. "Isn't this connected with ....? How?"
D. Reverse: Referred back to person	1. To encourage the questioner to think for himself 2. To Clarify understanding	1. "First, what do you mean by ....?"
E. Basic: The "W" questions: Who, What, When, Where, Why	1. To get fundamental information	1. "What materials were you using?"

3). Procedural-Type Questions

Type:	Purpose:	
Extending Questions	1. To broaden the discussion 2. To include additional facts	1. "What is the relationship between quality and quantity? 2. "What other factors are important?
Intensive Questions	1. To challenge old ideas 2. To clarify thinking	1. "Why do you think so?" 2. "In what way is this important?"

continued...p. 3

Procedural-Type Questions

Suggesting Questions	1. To develop new ideas 2. To offer another possible way	1. "What ideas have you thought about that we haven't considered before?" 2. "Suppose we did it this way---what would happen?" 3. "Another district does this---is this feasible here?"
Selecting Questions	1. To make a choice between two or more alternative courses of action	1. "Which of these solutions is best for you, A or B?"
Consensus Questions	1. To reach agreement 2. To define responsibilities and tasks to be accomplished	1. "Can we agree?" 2. "Can we plan what to do next?"

Adapted from:

Acevedo, M. Elliott, C., and Valverde, L. A Guide for Conducting an Effective Feedback Session (Austin, TX.: The University of Texas at Austin, 1976). ERIC No. Ed 136-477, pp. 9, 10, and 14.

STAGES OF A FEEDBACK CONFERENCE

Stage[2]	Major Question	Procedural[1] Questions	Content[1] Questions	Listening[1] Techniques
1. Examining the Data	What?		Basic	
2. Analyzing the Lesson	How?	Extending		Attending
3. Interpreting the Lesson	Why?	Intensive	Openended Direct	Clarifying Restating
4. Developing Alternatives	In what ways?	Suggesting	Relay	Reflecting
5. Deciding on Action	Which way?	Selecting Consensus	Reverse	Summarizing

Notes: 1) These types of questions and techniques may be used at any point of the conference where appropriate.

2) The "shape" of a conference may vary. Some conferences may include only some of the stages (thought to be most effective, all stages should be included if possible). In other conferences, all stages may be used for a specific topic, and then the conference backtracks to go through the stages again for a different topic.

Some Sample Conference Patterns:

A. 1, 2, 3, 4, 5

B. 1, 2, 4, 5 (less effective)

C. 1, 2, 3 (may not lead to any action)

D. 1, 2, 3, 4, 5 → 2, 3, 4, 5 (different topic)

E. 1, 2, 3 → 2, 3 → 2, 3, 4, 5

Remember that no two conferences will be exactly alike, depending on a number of variables related to the teacher, pupils, environment (time and place), and task (not to mention the supervisor!). Flexibility and a clear idea of ultimate aims is the clue to success!

SOME SAMPLE P[illegible]EDURAL QUESTIONS

Procedural	Behavior	Teacher	Pupil	Task
Extending	How does this compare with other classes? Is this what you expected to happen?	How did you feel about that incident? Do you usually present material in this way?	How did the pupil(s) respond? What do you think they learned?	How does this lesson fit into the unit? What other approaches have you used to teach this material?
Intensive	What factors made this lesson particularly effective? Why was this lesson different from others?	How were you able to use your own teaching strengths in this lesson? What were you thinking about when _____ happened?	Why do you think _____ behaved in that way? Why did some pupils appear to have difficulty?	Why did you choose to present the lesson in this way? What effect did using the overhead have?
Suggesting	In what other ways could this lesson be taught? What might happen if you tried this other way?	How could you use your questioning skills in presenting this material? How would you feel if you did ....?	What do you think would happen if Robert was asked to ....? What is Jane good at? What does she like doing?	What effect would it have if you used more visual aids? What other means could be used to help student record their work?
Selecting	What do you plan to do tomorrow (in the next few weeks, etc.)? How will you handle that problem in the future?	Which approach seems to use your own strengths best? Which plan will you be most comfortable with?	Which is the best approach to use with Alison at this time? When will you talk with the counselor about Mike?	What is the next step in the unit? How will you introduce a new approach to note taking?

Appendix G

Stages of Concern:
Typical Expressions of Concern About the Innovation

	Stages of Concern	Expressions of Concern
	6 Refocusing	I have some ideas about something that would work even better.
I M P A C T	5 Collaboration	I am concerned about relating what I am doing with what other instructors are doing.
T A S K	4 Consequence	How is my use affecting kids?
S E L F	3 Management	I seem to be spending all my time in getting material ready.
	2 Personal	How will using it affect me?
	1 Informational	I would like to know more about it.
	0 Awareness	I am not concerned about it (the innovation).

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Stages of Concern About the Innovation*

6 REFOCUSING: The focus is on exploration of more universal benefits from the innovation, including the possibility of major changes or replacement with a more powerful alternative. Individual has definite ideas about alternatives to the proposed or existing form of the innovation.

5 COLLABORATION: The focus is on coordination and cooperation with others regarding use of the innovation.

4 CONSEQUENCE: Attention focuses on impact of the innovation on students in his/her immediate sphere of influence. The focus is on relevance of the innovation for students, evaluation of student outcomes, including performance and competencies, and changes needed to increase student outcomes.

3 MANAGEMENT: Attention is focused on the processes and tasks of using the innovation and the best use of information and resources. Issues related to efficiency, organizing, managing, scheduling, and time demands are utmost.

2 PERSONAL: Individual is uncertain about the demands of the innovation, his/her inadequacy to meet those demands, and his/her role with the innovation. This includes analysis of his/her role in relation to the reward structure of the organization, decision making and consideration of potential conflicts with existing structures or personal commitment. Financial or status implications of the program for self and colleagues may also be reflected.

1 INFORMATIONAL: A general awareness of the innovation and interest in learning more detail about it is indicated. The person seems to be unworried about himself/herself in relation to the innovation. She/he is interested in substantive aspects of the innovation in a selfless manner such as general characteristics, effects, and requirements for use.

0 AWARENESS: Little concern about or involvement with the innovation is indicated.

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*Original concept from Hall, G. E., Wallace, R. C., Jr., & Dossett, W. A. A developmental conceptualization of the adoption process within educational institutions. Austin: Research and Development Center for Teacher Education, The University of Texas, 1973.